Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300

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Form CPF M 102: Campaign Finance Report

Municipal Form

JAN 2 1 2020

Office of Campaign and Political Finance

CITY CLERKS OFFICE
NORTHAMPTON, MA 0 1000
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Octob	per 19, 2019 Ending Date: December 31, 2019
Type of Report: (Check one)	
	☐ 30 day after election ☑ year-end report ☐ dissolution
Michael J Quinlan Jr Candidate Full Name (if applicable)	Committee to Elect Michael Quinlan Committee Name
City Council, Ward One Northampton MA	Emily Fitzgerald
Office Sought and District	Name of Committee Treasurer
712 Bridge Road, Northampton MA 01060 Residential Address	712 Bridge Road, Northampton MA 01060 Committee Mailing Address
E-mail: michaelquinlannorthampton@gmail.com	E-mail: michaelquinlannorthampton@gmail.com
Phone # (optional): 413-575-0450	Phone # (optional):
120 070 0700	Thole if (Optional).
CHMMADVDALANO	E INICODA A TRIONI
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	4,120.95
Line 2: Total receipts this period (page 3, line 11)	180.00
Line 3: Subtotal (line 1 plus line 2)	4,300.95
Line 4: Total expenditures this period (page 5, line	14) 2,209.86
Line 5: Ending Balance (line 3 minus line 4)	2,091.09
Line 6: Total in-kind contributions this period (pag	ge 6) 0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used: Florence Savngs Bank	<
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co inance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the penalties of perjury:	ntributions and liabilities for this reporting period and represents the campaign
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in acconnected any liabilities nor made any expenditures on my behalf during this reporting p	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this company.	n-kind contributions and liabilities for this reporting period and represents the
igned under the penaltics of perjury:	(Candidate's signature) Date: 1/21/2020

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
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		L			
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1					
111					
		1			
ine 9: Total Receipts over \$50 (or listed above)		0.00			
7. Total Receip	20 (01 listed above)	0.00			
ine 10: Total Receipts \$50 and under* (not listed above)		180.00			
	(1	100.00			
ne 11: TOTAL RE	CCEIPTS IN THE PERIOD	180.00	Enter on page 1 line 2		
			Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Receipt	ts over \$50 (or listed above)		
	ats \$50 and under* (not listed above)		
	CCEIPTS IN THE PERIOD		. Fortuna and I I'm 6
	eceints of \$50 and under include them in line		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10/23/2019	Adams Direct Mail Services	99 Elm Street, Greenfield MA 01301	Postage cost for bulk mailing	434.4
11/4/2019	Adams Direct Mail Services	99 Elm Street, Greenfield MA 01301	Bulk mail service for pamphlet (list conversion, barcode, & direct image address)	84.4
10/23/2019	Collective Copies and Leveller	93 Main Street, Florence MA 01062	Postcard mailer for final campaign push	582.5
10/29/2019	Daily Hampshire Gazette	115 Conz St, Northampton, MA 01060	Quarter page newspaper ad 11/1/19	775.
11/5/19	Sierra Grille	41A Strong Ave, Northampton, MA 01060	Election night thank you party for volunteers (hordevours)	196.5
12/19/2019	United States Postal Service	37 Bridge Road, Northampton, MA 01060	Yearly rental of PO box	134.0
		Line 12: Tetal Fire 12	- 050 (- 1: 4 1 1 1)	
	ŀ	Line 12: Total Expenditures ove Line 13: Total Expenditures \$50		2,207.48
	-	Line 14: TOTAL EXPENDITU		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
		Line 12: Expenditures over \$50	(or listed above)			
		Line 13: Expenditures \$50 and u	nder* (not listed above)			
	<u> </u>		L			
	1	Line 14: TOTAL EXPENDITU				
vou have itemiz	zed expenditures of \$50 and under,	include them in line 12. Line 13 sh	ould include only those expanditures	4:41		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	I			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0.00